

1350



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**APPLICATION FOR LICENSE TO  
OPERATE PLACE OF AMUSEMENT**

**L-514**  
(Rev. 6/26/08)  
4043

PRINT OR TYPE ALL INFORMATION.

If assistance is needed, call (803) 896-1350

**Upon Completion of Both Sides, Sign and Date.**

Mail to: SC Department of Revenue

Registration Unit

Columbia, SC 29214-0140

**FOR OFFICE USE ONLY**

SID \_\_\_\_\_

License No. \_\_\_\_\_

1. OWNER, PARTNERS OR CORPORATE NAME		2. TRADE NAME (DOING BUSINESS AS)																									
3. PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P.O. BOX)		4. BUSINESS PHONE NUMBER																									
STREET		DAY TIME PHONE NUMBER																									
CITY COUNTY (Required) STATE ZIP		5. FEDERAL IDENTIFICATION NUMBER																									
6. MAILING ADDRESS (IF DIFFERENT)		7. TYPE OF ADMISSION																									
IN CARE OF		___ Night Clubs (02) ___ Driving Range (07) ___ Miniature Raceway ___ Bands (03) ___ Miniature Golf (08) ___ Theaters (99) ___ Golf (06) ___ Auto Racing (24) ___ Athletic Events ___ Other _____ (See back of form)																									
STREET		9. DATE OF BEGINNING ADMISSION CHARGE																									
CITY COUNTY STATE ZIP		Month	Date																								
8. LOCATION OF RECORDS (No P.O. Box)		Year																									
10. TYPE OF OWNERSHIP																											
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> UNINCORPORATED ASSOCIATION; ENTER LEGAL NAME _____ <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION; ENTER CHARTER NAME _____ <input type="checkbox"/> LLC-LLP <input type="checkbox"/> OTHER (EXPLAIN) _____																											
11. NAMES OF BUSINESS OWNER, PARTNERS OR OFFICERS:																											
SOCIAL SECURITY NUMBER	NAME/TITLE	ADDRESS	IF PARTNER, PERCENT OWNED																								
12. Is business seasonal?    Yes _____ No _____																											
13. If yes, indicate months open <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">J</td><td style="text-align: center;">F</td><td style="text-align: center;">M</td><td style="text-align: center;">A</td><td style="text-align: center;">M</td><td style="text-align: center;">J</td><td style="text-align: center;">J</td><td style="text-align: center;">A</td><td style="text-align: center;">S</td><td style="text-align: center;">O</td><td style="text-align: center;">N</td><td style="text-align: center;">D</td></tr></table> SEASONAL MONTHS																J	F	M	A	M	J	J	A	S	O	N	D
J	F	M	A	M	J	J	A	S	O	N	D																

**NOTICE:** An admissions license will not be issued to a person with any outstanding state tax liability.

STATE OF SOUTH CAROLINA

County of \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_ of the

Firm of \_\_\_\_\_, Swear (or affirm) that the information contained herein is to the best of my knowledge and belief true and correct.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ year of \_\_\_\_\_.

(Taxpayer)

(Date)

(Notary Public for S.C.)

40431025

CONDITION REQUIREMENTS FOR A  
LICENSE TO OPERATE PLACE OF AMUSEMENT

1. A place of amusement cannot charge an admission without obtaining a license to operate a place of amusement.
2. Upon receipt of a license to operate a place of amusement, the licensee shall post same in a place easily seen by the public.
3. Tickets shall be sold only for amounts printed thereon and also collected and torn.
4. Records shall be maintained indicating ticket purchase invoices, tickets, sales etc.
5. Alternative Methods of Accounting for Admissions taxes must be requested using form L-2203.
6. Return shall be postmarked no later than the 20th day of each month following the period covered reflecting any activity conducted.

This is to affirm that the above requirements have been read and explained to me.

\_\_\_\_\_  
Owner, partner, or officer

Date \_\_\_\_\_

\_\_\_\_\_  
Dept. of Revenue Representative

TYPE OF ADMISSIONS

- |                                 |  |
|---------------------------------|--|
| 01 Dances                       | 15 Circus  |
| 02 Night Clubs                  | 16 Itinerant Shows                               |
| 03 Bands                        | 17 Promoter                                      |
| 04 Skating                      | 18 Gardens                                       |
| 05 Bowling                      | 19 Amusement Parks                               |
| 06 Golf                         | 20 Sight Seeing Attractions                      |
| 07 Golf Driving Range, Tennis   | 21 Fishing Pier                                  |
| 08 Miniature Golf Course        | 22 Horse Racing, Shows & Rides                   |
| 09 Swimming                     | 23 Athletic Events                               |
| 10 Miniature Raceway (Go-Karts) | 24 Auto Racing, Motorcycle                       |
| 11 Trampolines                  | 25 Fishing Ponds                                 |
| 12 Archery                      | 26 Gyms, Spas, Body Building and Fitness Centers |
| 13 Amusement Rides              | 27 Miscellaneous                                 |
| 14 Carnival                     | 99 Theaters                                      |

**Social Security Privacy Act Disclosure**

It is mandatory that you provide your social security number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

**The Family Privacy Protection Act**

Under the Family Privacy Protection Act, the collection of personal information from citizens by the Department of Revenue is limited to the information necessary for the Department to fulfill its statutory duties. In most instances, once this information is collected by the Department, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.